DUNN COUNTY HEALTH CARE CENTER

3001 US HIGHWAY 12 EAST

MENOMONI E 54751 Phone: (715) 232-2661 Ownershi p: County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 142 Yes Total Licensed Bed Capacity (12/31/01): 157 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 128 Average Daily Census: 131

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	31. 3 39. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.3	More Than 4 Years	28. 9
Day Services	No	Mental Illness (Org./Psy)	31. 3	65 - 74	10. 2		
Respite Care	No	Mental Illness (Other)	14. 1	75 - 84	37. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	36. 7	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.6	95 & 0ver	13. 3	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	3. 1	ĺ	j	Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	1. 6		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	10. 9	65 & 0ver	97. 7		
Transportati on	No	Cerebrovascul ar	20. 3	'		RNs	16. 6
Referral Service	No	Di abetes	4. 7	Sex	%	LPNs	6. 8
Other Services	Yes	Respiratory	4. 7		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	7. 8	Male	25. 0	Aides, & Orderlies	46. 6
Mentally Ill	No			Femal e	75.0		
Provi de Day Programmi ng for			100. 0		j		
Developmentally Disabled	Yes				100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	1	1. 2	112	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	0. 8
Skilled Care	9	100. 0	129	76	88. 4	95	0	0.0	0	30	90. 9	110	0	0.0	0	0	0.0	0	115	89. 8
Intermedi ate				9	10. 5	78	0	0.0	0	3	9. 1	110	0	0.0	0	0	0.0	0	12	9. 4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		86	100.0		0	0.0		33	100.0		0	0.0		0	0.0		128	100. 0

Facility ID: 2800 Page 2 County: Dunn DUNN COUNTY HEALTH CARE CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ons, Services,	and Activities as of 12/	/31/01
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	<i>J</i>	Number of
Private Home/No Home Health	8. 9	Daily Living (ADL)	Independent	0ne	Or Two Staff	1	Resi dents
Private Home/With Home Health	2.4	Bathi ng	0. 0		47 . 7	52. 3	128
Other Nursing Homes	3. 6	Dressi ng	7.8		61. 7	30. 5	128
Acute Care Hospitals	84. 6	Transferring	25. 8		51. 6	22. 7	128
Psych. HospMR/DD Facilities	0.0	Toilet Use	21. 1		44. 5	34. 4	128
Reĥabilitation Hospitals	0.0	Eating	36. 7		51.6	11. 7	128
Other Locations	0.6	*********	******	*****	******	********	*******
Total Number of Admissions	169	Continence		%	Special Treatme	ents	%
Percent Discharges To:	j	Indwelling Or Externa	l Catheter	10. 2	Receiving Res	spi ratory Care	10. 9
Private Home/No Home Health	36. 7	Occ/Freq. Incontinent	of Bladder	53. 1	Recei vi ng Tra	acheostomy Care	0.0
Private Home/With Home Health	17. 2	Occ/Freq. Incontinent	of Bowel	29. 7	Receiving Suc	cti oni ng	0.0
Other Nursing Homes	1.8	•			Receiving Ost		3. 1
Acute Care Hospitals	7. 1	Mobility			Recei vi ng Tul	be Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained		5. 5	Receiving Me	chanically Altered Diets	35. 2
Reĥabilitation Hospitals	0.0				O	3	
Other Locations	9. 5	Skin Care			Other Resident	Characteri sti cs	
Deaths	27. 8	With Pressure Sores		6. 3	Have Advance	Directives	78. 1
Total Number of Discharges	'	With Rashes		7.0	Medi cati ons		
(Including Deaths)	169				Receiving Psy	ychoactive Drugs	54. 7

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

Ownershi p: Bed Size: Li censure:

	This				- 199	Ski l		L Al		
	Facility		Group		Group		Group		lities	
	%	%	Ratio	%	Rati o	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	83. 2	87. 7	0. 95	83. 5	1. 00	84. 4	0. 99	84. 6	0. 98	
Current Residents from In-County	86. 7	76. 7	1. 13	79. 2	1. 09	75. 4	1. 15	77. 0	1. 13	
Admissions from In-County, Still Residing	21. 9	28. 2	0. 78	22. 5	0. 97	22. 1	0. 99	20. 8	1. 05	
Admissions/Average Daily Census	129. 0	91.3	1.41	125. 7	1. 03	118. 1	1.09	128. 9	1.00	
Discharges/Average Daily Census	129. 0	92.8	1. 39	127. 5	1. 01	118. 3	1.09	130. 0	0. 99	
Discharges To Private Residence/Average Daily Census	69. 5	32. 9	2. 11	51. 5	1. 35	46. 1	1. 51	52.8	1. 32	
Residents Receiving Skilled Care	90. 6	90.8	1.00	91. 5	0. 99	91.6	0. 99	85 . 3	1.06	
Residents Aged 65 and Older	97. 7	88. 8	1. 10	94. 7	1. 03	94. 2	1.04	87. 5	1. 12	
Title 19 (Medicaid) Funded Residents	67. 2	67. 9	0. 99	72. 2	0. 93	69. 7	0. 96	68. 7	0. 98	
Private Pay Funded Residents	25. 8	19. 7	1. 31	18. 6	1. 39	21. 2	1. 22	22. 0	1. 17	
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	0.8	0.00	7. 6	0.00	
Mentally Ill Residents	45. 3	46. 1	0. 98	35.8	1. 26	39. 5	1. 15	33. 8	1. 34	
General Medical Service Residents	7.8	14.8	0. 53	16. 9	0. 46	16. 2	0.48	19. 4	0.40	
Impaired ADL (Mean)	56. 3	49.7	1. 13	48. 2	1. 17	48. 5	1. 16	49. 3	1. 14	
Psychological Problems	54. 7	56 . 1	0. 98	48. 7	1. 12	50. 0	1.09	51. 9	1.05	
Nursing Care Required (Mean)	7.8	6. 7	1. 16	6. 9	1. 13	7. 0	1. 11	7. 3	1.06	